2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 137258

Entity Name: CODY COMPANY, INCORPORATED

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 231 W GORE STREET 231 W GORE STREET P.O. BOX 993 ORLANDO, FL 32806 ORLANDO, FL 32802 **New Mailing Address: Current Mailing Address:** 231 W GORE STREET PO BOX 993 ORLANDO, FL 32802 P.O. BOX 993 ORLANDO, FL 32802 FEI Number: 59-6076076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILKINS, GAYDEN S III 231 W GÓRE STREET ORLANDO, FL 32806 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LONG, LYNN L Name: Name: 100 SOUTH EOLA DRIVE #1403 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILKINS, GAYDEN S III Name: 2459 PADDOCK WAY Address: Address: OVIEDO, FL 32765 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ARKINS, PAMELA M Name: Name: 4509 LAKE GEM CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, ANDREW B Name: Name: Address: 1625 LAKESIDE DRIVE Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: S. GAYDEN WILKINS, III PRES 01/15/2007

THOMAS, A J III

ORLANDO, FL 32804

2024 COUNTRYSIDE CIRCLE N

Name:

Address: City-St-Zip: